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OR Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):					
	Name	Registration Number	ii .	Name	Registration Number
			<u> </u>		
se ettomer(e) or execute	to represent the understand before	ne the Linited O	stee Delent and Tradem	and Office (USPTO) in cor	Conception with
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Symantec Operating Corporation					
20330 Stevens Creek Boulevard					
Cupertino, CA 95014					
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioner appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,					
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SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee					
Signature Value	tota Hilbaria			Date 11 13 07	
Name Horadity	HCKON TOE			Telephone 408-517	-1395
Title Director	10				ν
This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes					
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